

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90033 042 ***150.00

DOCUMENT # 685439

1. Entity Name
CEA LEE, INC.



Principal Place of Business
437 E SAVOY ST
LECANTO, FL 34461

Mailing Address
437 E SAVOY ST
LECANTO, FL 34461

40067211



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01232008

Chg-P

CR2E034 (12/06)

City & State

City & State

4. FEI Number
59-2026038

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MEEKS, CARA L
437 E SAVOY ST
LECANTO, FL 34461

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE:

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	MEEKS, CARA L	
STREET ADDRESS	437 E SAVOY ST	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MEEKS, DAVID M	
STREET ADDRESS	437 E SAVOY ST	
CITY-ST-ZIP	LECANTO, FL 34461	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	JONES, LEONARD L	
STREET ADDRESS	1816 MOONBEAM WAY	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	JONES, CELINA A	
STREET ADDRESS	1816 MOONBEAM WAY	
CITY-ST-ZIP	INVERNESS, FL 34450	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, RICHARD D	
STREET ADDRESS	1022 JONES AVE	
CITY-ST-ZIP	INVERNESS, FL 34453	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Cara L. Meeks

Cara L. Meeks

1/23/08 (352) 726-5859

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #